

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

R00352667
RCRA RECORDS CENTER

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER										APPROVED										DATE RECEIVED (yr., mo., & day)									
1 2 3 4 5 6 7 8 9 10										11 12 13 14 15 16 17 18 19 20										21 22 23 24 25 26 27 28 29 30									

I. NAME OF INSTALLATION

S Q U A R E D C O M P A N Y

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 3 7 0 0 6 T H S T R E E T S W

CITY OR TOWN

C E D A R R A P I D S

ST.

ZIP CODE

I A 5 2 4 0 6

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 3 7 0 0 6 T H S T R E E T S W

CITY OR TOWN

6 C E D A R R A P I D S

ST.

ZIP CODE

I A 5 2 4 0 4

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 J A M E S C J E N S E N E N V C O O R D I N A T O R

PHONE NO. (area code & no.)

3 1 9 . 3 6 5 . 4 6 3 1

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 S Q U A R E D C O M P A N Y

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

I A D 0 0 0 8 1 9 1 1 0

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

- FOR OFFICIAL USE ONLY									
W									
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 3	3 F 0 0 6	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>CE Ashley</i>	NAME & OFFICIAL TITLE (type or print) Plant Manager	DATE SIGNED 6-14-85
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4/5

SQUARE D COMPANY
ELECTRICAL EQUIPMENT

CIRCUIT BREAKER DIVISION

file

(319) 365-4631



3700 SIXTH STREET, S.W.

CEDAR RAPIDS, IOWA 52406


June 14, 1985

Chet McLaughlin
United States Environmental Protection Agency
Region VII
726 Minnesota Avenue
Kansas City, Kansas 66101

Dear Chet:

Enclosed you will find the updated Resource Conservation and Recovery Act Notification Form. The form includes notification of the silver acid stripping solution as per your letter of May 16, 1985. I checked the corrosive characteristic in Section IX Part E for non-listed hazardous waste as the best description of the stripping solution. I have also changed the name of the installation contact in section IV from Glenn Brock, who has retired, to James Jensen. If you have any questions or need more information please contact me at your convenience.

Yours truly,


James C. Jensen

ne

CC: Gene Evans - IDWAWM
Carl Ashley - PM
Pat Kelley - PS

RECEIVED

JUN 17 1985

STPG SECTION